A	MARYLAND STATE DE	PARTMENT OF	HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
12133	CERTIFICATE	OF DEATH		4 (2)2/03/

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admit
Kent	Maryband Kent
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Rock Hall Married Life	X Rock Hall
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress)	d. STREET ADDRESS
A	Main St.
3. NAME OF At home Middle	Last 4. DATE Month Day Year
DECEASED	kers OF DEATH NOV. 13, 1961 19
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24
MULTE (MIDOMEDAX) DIAG. CED-	Oct. 24, 1873 88 yrs. Months Days Hours M
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relifed)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTY
Housewife	Baltimore City, Md. USA
IS. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Rodenhi	Martha L. Keiffel
	INFORMANT Address
[Yes, no, or unkown] (If yes give war or detes of service)	
no none	Louise Hersch - Rock Hall, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), end (c).]	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	y Edema ONSET AND DEAT
427.1 DUE TO 0	1
Conditions, if eny, which) (b) (ATA) 2	brulas
gave rise to immediate cause	
(e), stelling the underlying DUE TO	11/1-12:-
- Wayey	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTO
FACT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATT BUT AN	PERFORME YES IN NO
OR CONTRIBUTING [] CAUSE OF DEATH	D. (Enter nature of injury in Pert I or Pert II of item 18.)
	ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stell tory, streat, office bidg., etc.)
	Det 1 1953 to hand 10/1 that (1) (wai
	1950, to May 13
	death occured at , from the causes and on the date stated at
220. SIGNATURES VA SI. Tal	ATTENDING MED. STAFF 11/15/61
NAME (Type) Norbert C. Nitsch	Rock Hall, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Nov. 16, 1961 St. Pau	1 Cemetery Near - Chestertown Md
24 FUNERAL DIRECTOR'S SIGNATURE . A ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Chestertow	M.J. Store F. Store
1. Willis William	11, Md. DATE MOV 1 7 61 O-Thur & Kinner

1 3 4 5 1 The four to the second of the first C. P.C. HOWN TO A PERMIT HE AREA THE MAN THE MENT OF THE PERMIT HE AREA TO THE PERMIT HE PERMIT HE AREA TO THE PERMIT HE PERMIT Supplied Applied . PM That I He done through a series the second section of the se The same of the sa

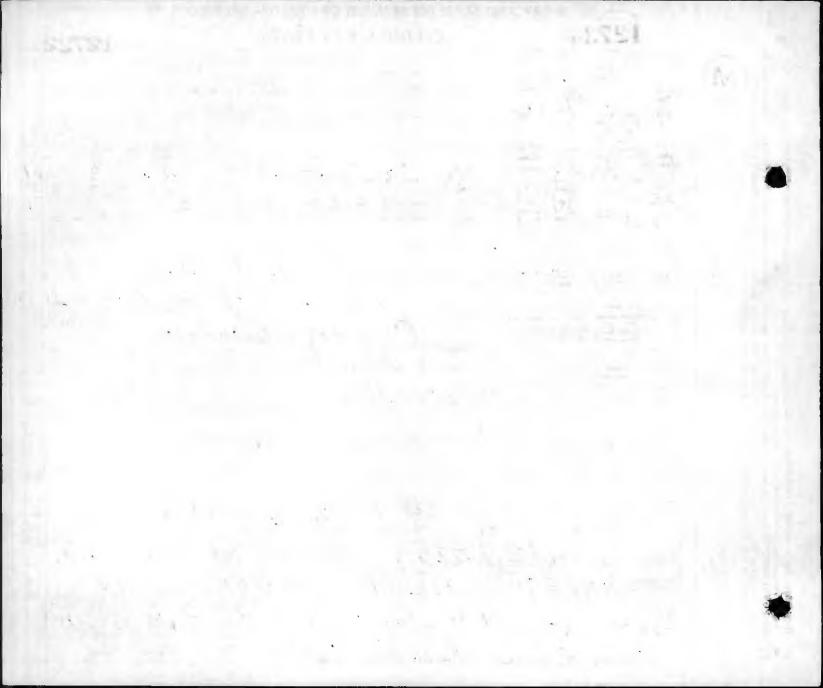
hours after death.

certificate

death

that t

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ita RURAL and give namest town! filled in after Pages OR INSTITUTION (if not in hospital, give streat address) NAME OF Middla 4. DATE Month DECEASED OF (Typa or print) DEATH AINE 0 carbon 5. SEX OR RACE 7 MARRIED AGE (In years | IF UNDER 1 YEAR and last birthday) Months WIDOWED VIII. please remain IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY & Stata, or foreign country) done during most of working life, even if retired) 6 13. FATHER'S NAME 5 attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Yas, no, or unkown) | (If yes give war or detas of service) Jame may be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which gava risa to immadiate cause DUE TO (a), stating the underlying burial. causa last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. CERTIFICATION use as rior to R: Arren es detached for use a detached for use a 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year factory, streat, office bldg., alc.) Not While Hour a.m. While at work at work 9 21. I certify that (1) (this hospital) attended the deceased from/1-20 and that death occured at 9.46 M, from the causes and on the date stated above. pluods saw the deceased, alive on ATTENDING 22a. SIGNATURA MED. STAFF DIRECTOR PHYS. M.D. CHERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23s. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY THEREO - di TO 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) NOV 2 4 '61 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

19 61

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO

(Stata)

22b. DATE

SIGNED

20

Days

12. CITIZEN OF

(County)

ON A FARM? YES NO X

25551 M - June Himmon Charle and that 14/22/11 June 1 John Daniel Characan my Manuette walky

FOR STATE HEALTH DEPT. TO I. WIY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. In delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to stuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and "With the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 77 ours after death. 2 VS. ATSME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14007

1	1. PLACE OF DEATH		2. USUAL RESIDENCE	CE (Where decessed lived, If in	stitution: Residence before edmission)
	Kent	MARYLAND	a. STATE Vire	inia b. COUNT	Arlington V
1	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		f outside corporete limits, write I	
	Write RURAL end give neerest lown) Near Rock Hall	28 days	Arling	ton	02x-3
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in he		d. STREET ADDRESS	0011	e. IS RESIDENCE
		rea	724 N. Mo		YES NO W
1	3. NAME OF First DECEASED	Middle	Lest	4. DATE Month	Dey Yeer
1	(Type or print) WILLIAM	J. HARRIS		DEATH NOV.	10 1961
V	5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 2 8	DATE OF BIRTH	9. AGE (In yeers last birthdey)	
4	M. W. widow	ED DIVORCED	10/8/42	19 уп.	Months Deys Hours Min.
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stete	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
I		son Dept.	New York	State	U.S.A.
ı	13. FATHER'S NAME		14. MOTHER'S MAIDEN		
	John C. Harris		Margaret	Ellen Carne	V.
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, or unkown) (Ifyesgive weror detes of service)	. SOCIAL SECURITY NO. 17. 1		202 N Addore	
ı	no OC	7-34-9618 Jo	hn C. Harr	is Patchogue	L.I. New York
1	18. CAUSE OF DEATH [Enter only one cause per				I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Prot	bable drownin	g		SHOPE DEATH
ı	75/X DISTO Dece	eased fell ov	erboard fr	om a cruiser	in the Chesa-
ı	Conditions, if eny, which peake Be	v 11/10/61.	His body w	ashed ashore	on the bayside
ı	gave rise to immediate cause	Point farm	nr. Rock H	all.Md. on 1	2/7/61.
1	(e), stating the underlying				
	- (0/	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY
1	OIL ATIO				PERFORMED?
ı	20e, EXTERNAL CAUSE WAS 20b, DESC	RIBE HOW INJURY OCCURED. (E	nler neture of injury in Pert	I or Pert II of item 18.)	TE NO R
		see above			
	20c. TIME OF INJURY Month, Dey, Yeer 20d. While the bar was 11/10 19 61	INJURY OCCURRED 200. PLA	CE OF INJURY (Home, form	20f. (City or town)	
	Hour e.m. While	6 WOLANDIO	any streat office bldg. etc.		(County) (State)
	Hour e.m. 11/10 19 61 of we	ork at work X SEE	ABOVE	EHXKKKKKK	
	p.m. 11/10 19 61 of wo		ABOVE	ENNKKKKKK	
-		mains described above, he	ABOVE d an Autopsy	ENNKKKKKK	and in my opinion
	21. I certify that I took charge of the re-	mains described above, he	ABOVE d an Autopsy	Inspection Inquiry Undetermined man	and in my opinion
-	21. I certify that I took charge of the re-	mains described above, he	ABOVE Id an Autopsy Homicide	Inspection Inquiry Undetermined man	and in my opinion
	21. I certify that I took charge of the red death resulted from: Natural causes	mains described above, he Accident D Suici	de . Homicide CHIEF MEDICAL E	Inspection Inquiry Inq	and in my opinion
	21. I certify that I took charge of the red death resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S ROBERT W. FARI	mains described above, he Accident Suici M. D.	de . ASSISTANT MEDI M.D. ASSISTANT MEDI Address (Street, cffce)	Inspection Inquiry	and in my opinion nner DATE SIGNED 12/9/61
	21. I certify that I took charge of the red death resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S ROBERT W. FARINAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF	mains described above, he Accident Suici M. D. 22c. NAME OF CEMETERY OR	de . Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street, c	Inspection Inquiry Inq	DATE SIGNED 12/9/61 or country) (Stete)
	21. I certify that I took charge of the red death resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S Robert W. Farm 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 12/11/61	Accident . Suici M. D. 22c. NAME OF CEMETERY OR LAWYENCE C.	de . Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street, c	Inspection Inquiry Inq	DATE SIGNED 12/9/61 or country) (Stete) New York
	21. I certify that I took charge of the red death resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S ROBERT W. FAR: 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL (Specify)	Accident . Suici M. D. 22c. NAME OF CEMETERY OR The ADDRESS town	de . Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street, c CREMATORY PMC 124e. REC	Inspection Inquiry Inq	DATE SIGNED 12/9/61 or country) (Stete) New York
	21. I certify that I took charge of the red death resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S ROBERT W. FAR: 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL (Specify)	Accident . Suici M. D. 22c. NAME OF CEMETERY OR LAWYENCE C.	de . Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street, c CREMATORY PMC 124e. REC	Inspection Inquiry Inq	DATE SIGNED 12/9/61 or country) (Stete) New York

SITATO SO TRANSPORT OF THE PARTY OF TAXABLE PARTY. the state of the s Market and of the free a most but out to Eight himsened the and a star to the transmission of the body and a dragon on the brightness of afromen loses fare un. auckault, h. on al/2/11. # FOUR THE 22 1 01 15 Mark Street Street NAME OF TAXABLE PARTY OF TAXABLE PARTY. \$3/8/25 A Way and a dender

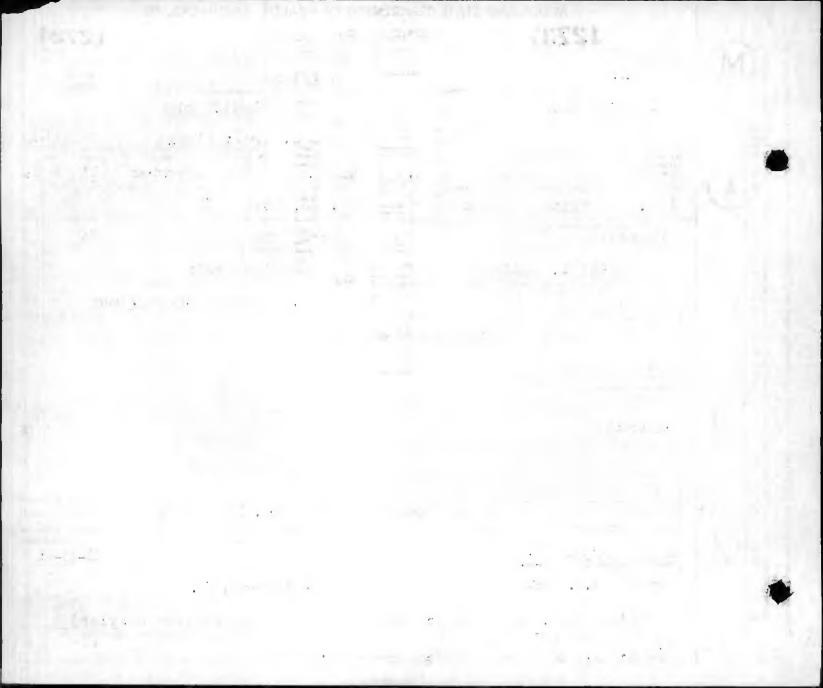
VS A1S (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12737 CERTIFICATE OF DEATH

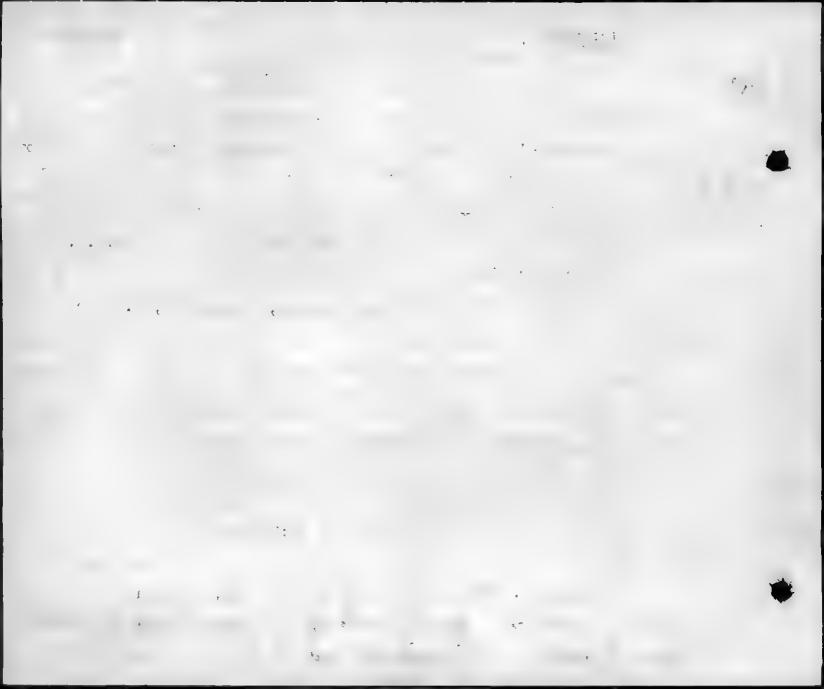
Reg. Dist. No.2724

a. COUNT ent			MARYLAND	o. STATE	PENCE (Where decear	sed lived. If institut b. COUNTY		Ken	
RURAL and give	(If autside carporate limit nearest Jawn) Lertown	s, write c. LEt	NGTH OF STAY IN 16	C. CITY OR T	OWN (If outside corn	tertown	RURAL ond	give nearest	lawn)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g {	ve street address)	d. STREET A		s Street		0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Fin Ma.	ctha	Middle H a	Kaufma	OF			Doy 15	Year 19 61
Fem.	6. COLOR OR RACE		NEVER MARRIED DIVORCED	B. DATE OF BIRTH	1	9. AGE (In years lost birthday) 87 yrs	IF UNDER	YEAR IF L	JNDER 24 HRS Jurs Min.
during most of wo HOUSEW 13. FATHER'S NAME			OF BUSINESS OR INDU	STRY 11: BIRTHPU Ma.)	ACE (Stole or foreign ryland MAIDEN NAME		12.CIT	USA	IAT COUNTRY
	Itel L. Ho:	ES? 16. SOCIAL		INFORMANT Holden I	Martha R. Kaufm	Add	dress stert	own	
ărthrit:	immediate DUE TO the under- (c) there significant cont						VEN IN PAR	PE	VAS AUTOPSY ERFORMED? S NO
200. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUINATION OF IN	G CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Manth, Day, Yeo	r 20d, INJURY	fat while fa	ED. (Enter noture of LACE OF INJURY (Hactory, street, affice	Hame, farm, 20f. (C	art II of item 1B.) ity ar town)	{(County)	(Stote
21. I certify to alive on Oct ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hot I oftended the cober 6 A.C. Dick		om, January _, and that death	M.D.		n the couses or (Street, city ar tawn	nd on the	e date sto	pate signer
220. BURIAL, CREMATI REMOVAL (Specifi	ON, 225. DATE THEREO	0	NAME OF CEMETERY OF	OR CREMATORY	22d. LOC	ATION (City, town,	2.0	yland	(State)
23. FUNERAL DIRECTO	R'S SIGHATURE	1	odress nurch Hil	1, hā.	24a. REC'D BY REGI		ISTRAR'S SI		

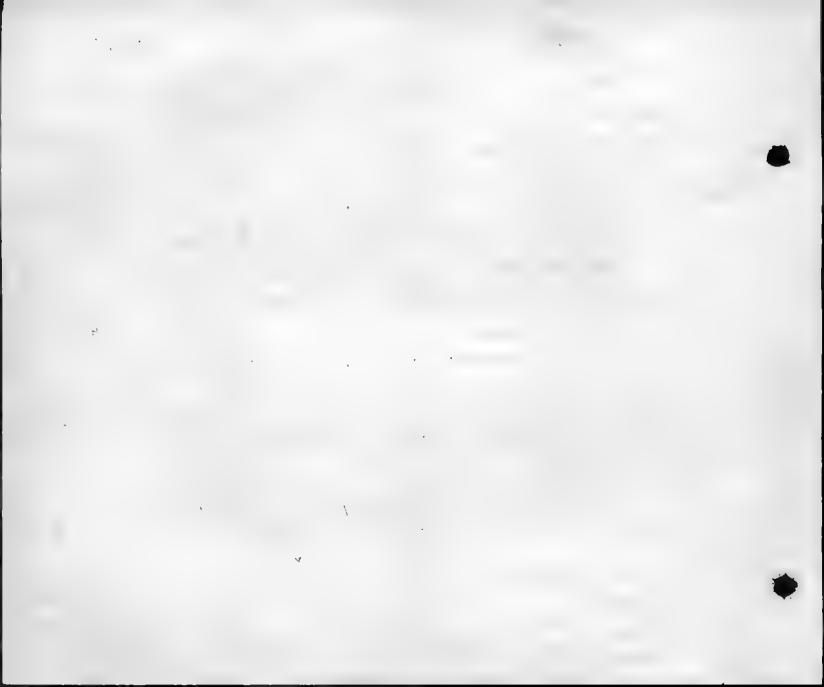


TON STREET, BALTIMORE 1. MARY CERTIFICATE OF DEATH Item 14 Film G301 PLACE OF DEATH deceased lived, if institutions Residence before admission a. COUNTY Kent **b.** COUNTY Kent MARYLAND b. CITY OR TOWN (if outside corporele I mits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end a ve nearest town) write RURAL end give neerest town! davs Chestertown Chestertown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) d. STREET ADDRESS . 15 RESIDENCE ON A FARM? Kent & Queen Anne's Hospital Lynchburg YES NO 3. NAME OF 4. DATE DECEASED 1061 Matilda (Type or print) Miller DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 9. AGE (In years | IF UNDER I YEAR last birthdey) Months Female 1De. USUAL OCCUPATION (Give) nd of work 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Freeman unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES! | 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) [Ifyas give wer or dates of service] don Maxine Cain, Chestertown, Md. (niece) 18. CAUSE OF DEATH [Enter only one cousa per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Malnutrition 2 months DUE TO Generalized Arteriosclerosis many years geve rise to immediate cause **DUE TO** (e), stelling the underlying PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY Senility svere
200. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH SVere anemia and peripheral vascular (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED , 2De, PLACE OF INJURY (Home, farm, 2Df. (City or lown) [County] factory, street, office bldg., etc.) Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from...11/.11/.61.... 19. ... 10.11/.22/.61..., 19....., that (I) (we) last 16.7....19......, and that death occured 20.20 Million the causes and on the date stated above saw the deceased alive on.... SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Chestertown. Maryland 23c. NAME OF CEMETERY OR CREMATORY 0 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



TO HOS TRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

A death.

TO HOS TRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the same and completely seemed by the attending physician and completely the funeral configuration of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
19741 CERTIFICATE OF DEATH 12740

	1, 1	- COLINITY 1	WAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission)
1	ď	MARYLAND 8. S	STATE Many Co. of b. COUNTY Tout
			CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town)
		write RUBAL and give nearest lown]	000 11-1-
,		Muejulin 1 1 1 1 1 1	Misylulium
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	STREET ADDRESS ON A FARM?
	Ma	Lluyer apris.	Lluyer Upls 1 YES NO 1
	3.	3. NAME OF First Middle	Last 4. DATE Month Day Year
		(Type or print) (1) heelen Broke Pa	uking DEATH MW. 23 1961
	5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE O	OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		T WIDOWED TO DIVORCED TO Fell	last birthday) Months Days Hours Min.
	10>		IRLEPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
	do	done during most of working life, even if retired	The state of the s
		Mousekuping Momemaking	abut to ma, 4. J. A,
	13.	13. FATHER'S NAME	OTHER'S MAIDEN NAME
		John Viluson Shu	uh Hannah Broke Il orsey
Н	15.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM.	TANT and gross 609 E.
	110	(Yas, ob, or unkown) (Ifyesgive war or dates of service)	us their how the to The alyandy
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	Source.
		331.X DUE TO //	
		Conditions, if any, which (b) fry	- 10 gears
		gave rise to Immediate cause (a), stating the underlying DUE TO	
		cause last. (c) With claron	10 sans
1	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	ΥŽ	Ĕ	YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter na	ature of injury in Part I or Part II of item 18.)
	8	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	At.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF IN	NJURY (Home, farm, ' 20f. (City or town) (County) (State)
	WEDICAL	Hour a.m. While Not While factory, street	I, office bldg., etc.)
	X		e TI Was II
			19.5 to 1-23 , 1966, that (I) (we) las
		saw the deceased alive on194	occured at M., from the causes and on the date stated above
		22a. SIGNATURE	TENDING MED, STAFF SIGNED
		M.D. PHY	YS. PHYS. 11-24-6
1		22c. PHYSICIAN'S NAME (Type) D C T	d. ADDRESS
		H.C. Dick	Ches Fritorin, led
		238. BURIAL, CREMATION, 236. DATE THEREOF, 23c. NAME OF CEMETERY OR CREM	AATORY 23d. LOCATION (City, town or county) (State)
		Bunce M. 27/41 Chester Co	meter Christitian Mandand
	24	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1		Marin V. Williams - Chestertine	MC DATE NOV 2 8 '61 arthur S. Trans
		11/1-00001 1 00000	THE TORIE

12727 112740 The state of the s and the And the same of the same 15 1 -- Franklin of The 1--16 31 12 CAN 13 AL 3 M 82-10 Willent 13-8-11 A.C. Disk

	르	S	1	1
	the	9	at,	-
	è	an	e p	
	.=	- N	ler	
	9	956	10	
	E	۵	DUL	
	5	ers.	Ž.	-
	D G	de	7	1
	EO	7	hin	4
	P	9	Z	mp.
		CO	to	
	ian	Ve	Ye	
	Sic	эше	>	
	4	- 62	ra	
	pu	eas	- E	
	jō.	d	and	
	affe	hen	-	
	90	-	Š.	
an.	= ×	THE STATE OF	ren	
Sici	P	Ser	Ö	
hy	nec	111	'n,	
0	Sig	ans	atic	
din	Le	士	E	
fen	3	Uria	5	
10	has	9	rial	
0	9	th.	3	
sita	fica	NO.	2	
OSC	Briti	use	io	
e h	S	ō	ä	
=	#	O	H	
٥	Her	che	Te	
Dec	×	eta	to	
iai	SH C	0	ta.	
9 re	H	Q F	De	
مّ	E	Jac.	9	
nay	IR	sho	Š	
4	7	67	丰	
D.	RA	900	無	
A	E	0,	3	
É	5	cto	iğ.	
63	0	lire	2	
of S. death. Page 4 may be retained by the hospital or attending physician.	I	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-peopers. Pages 1 and 2 st	-14	
VR	A	15	(4)	
151	VI :	10	U	

	DIVISION	OF STATISTICA	L RESEA	CERTIFIC		OF DEA		EET, BAL	TIMO	RE 1, MA	RYL	AND	
1. 3	LACE OF DEATH		***************************************	and Janes	1 2	USUAL RES	IDENCE (Whe		ved, If i		ndence	Belore	edmissio
	Kent			MARYLI		Ma	aryland	1		Kent	;		-
è	write RURAL end	foutside corporete limi give nearast town)	ts,	c. LENGTH OF STAY	IN 1b		OWN (If outside		its, write	RURAL and	give ne	erest tov	wn)
	Hetter		9 - 2 1 - 1	5 Years		d. STREET AD	ettert	on			-	IS D	RESIDENC
,	. NAME OF HOSFI	AL OK INSTITUTION (it noi in nos	pilai, give sireer eddress		d. SIKEET AD						ON	A FARM
	NAME OF DECEASED	First		Middle	0.1	Lest	4. DA		Month		Dey	Yes	1-
	Type or print)		'iett			pers	DE	TON HTA			,		9T
5.	emale	White	7. MARRIE	NEVER MARRIED		an. 16	, 1880	9. AGE (I	n yeers thdey) yrs.	Months De	EAR	Hours	R 24 HRS
10e.	USUAL OCCUPATI	ON (Give kind of world	10b. KI	ND OF BUSINESS OR IT	NDUSTRY	II. BIRTHPLACE	(County & State	o, or foreign c	ountry)	12, CITIZ	EN OF	WHAT	COUNTR
801	House	rking life, even if retire	raj	Home		Kent	Mary	rland		U.	S	. A.	•
13.	FATHER'S NAME				14	MOTHER'S MA							
	Ed	ward Waln	sley			He	enriett	a Dav	ris				
15. (Yes	WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		ORMANT			Address				
	No	iyesgive werordelasofs	0141007	None	Rob	t. M.	Subers	Be Be	ette	erton,	M	d.	
1			cause per l	ine for (e), (b), end (c).							INTE	RVAL BE	TWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)		Ventricula	r Fib:	cillatio	n				1		nute
	420.0	DUE TO		Massive Co:	ronar	v occlus	soon				6	mir	nute
	Conditions, if eny	, which \ (b)											
	gave rise to immedi (a), stating the u cause lest,	DOLLE TO		svere arte	riosc.	lerotic	heart d	isease	•		3	ears	9.
CERTIFICATION	_	1-1		TRIBUTING TO DEATH	BUT NOT R	ELATED TO THE	TERMINAL DISE	ASE CONDITI	ON GIV	EN IN PART 1		PERFO	AUTOPS ORMED?
CERTIFIC	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURED. (E	nter neture of inj	ury in Pert I or I	ert II of itam	18.)				
MEDICAL	20c. TIME OF INJU Hour a.m.	RY Month, Dey, Ye	er 20d. While	Not While		OF INJURY (Hos street, office blo		(City or lown)	(Count	у)		(Stelle)
				ded the deceased									
	22a. SIGNATURE	n 9/1		1									b. DATE
	(vn 01)	hen OU	Unch	com.	M.D.	PHYS.	DIRECTOR	5TAF PHYS				7 1	Nov
	22c. PHYSICIANS	allace Obe	nshair	1, M.D.		22d. ADDRES	ilton, M	id.				,	
23a	BURIAL, CREMATI	ON, 236. DATE THE		Crumpto	_			cumpto		Mary	la	4	Stete)
24	FUNERAL DIRECTOR	's signature	lu	Still P	ond,	20.7	ATE NOV 9	GISTRAR 2		SISTRAR'S SI			

MARYLAND STATE DEPARTMENT OF HEALTH

		850.4	13 LE OVETANO NO AL	
82727			losSkids-vise	
daeX	Penaltyres /			ro i
	nesters School	f Years	godine	365
	44.90)	
the T god	Seroit 1 1 mode		de Primoti	
	lan. In, all one	`*		
	heatqual Jeni	House	of Sunny	
	Four-legals laves		electan broth	
arton, da	Marin Brayles II area			
ne de la Ganta de	patiell n domining of	III selle t hav		
artest.	established at more	nolverto speci		
		, a.d	Aliten herrinaka ise	
A	7.00 (2.76) 10.007:13			
	. W. A. TOLLEY	چېيرپ س. ۲۰۵۶	Court Court	
	deserve Cemponi			
The Street	William M.	Schill Pond,	phonost 15	- Weto